

COVER SHEET Civil Case Filing Form <i>(To be completed by Attorney/Party Prior to Filing of Pleading)</i>		Court Identification Docket Number <div style="border: 1px solid black; display: inline-block; padding: 2px;">54201</div> <small>County # Judicial Court ID District (CH, CI, CO)</small>	Case Year <div style="border: 1px solid black; display: inline-block; padding: 2px;">2014</div>	Docket Number <div style="border: 1px solid black; display: inline-block; padding: 2px;">77</div> <small>Local Docket ID</small>															
<small>Mississippi Supreme Court Administrative Office of Courts</small>		Form AOC-01 <small>(Revised 1/1/2001)</small>		Case Number if filed prior to 1/1/94															
This area to be completed by clerk																			
IN THE <u>CIRCUIT</u> COURT OF <u>PANOLA</u> COUNTY																			
Short Style of Case: <u>Meledia Freeman, as Administrator of the Estate of Albert Pritchard, deceased, et al. v. GGNSC Batesville, LLC et al.</u>																			
Party Filing Initial Pleading: Type/Print Name <u>Peter B. Gee, Jr.</u> MS Bar No. <u>100589</u>																			
Check (✓) if Not an Attorney <input type="checkbox"/> Check (✓) if Pro Hac Vice <input type="checkbox"/> Signature <u>[Signature]</u>																			
Compensatory Damages Sought: \$ <u> </u> Punitive Damages Sought: \$ <u> </u>																			
Is Child Support contemplated as an issue in this suit? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" is checked, please submit a completed Child Support Information Sheet with Final Decree/Judgment																			
PLAINTIFF - PARTY(IES) INITIALLY BRINGING SUIT SHOULD BE ENTERED FIRST (FIRST NAME IN SHORT STYLE) - ENTER ADDITIONAL PLAINTIFFS ON SEPARATE FORM																			
Individual <u>Freeman</u> Last Name <u>Meledia</u> First Name <u> </u> Maiden Name, if Applicable <u> </u> Middle Init. <u> </u> Jr/Sr/III/IV <u> </u>																			
Address of Plaintiff <u> </u>																			
<input checked="" type="checkbox"/> Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: <u>Estate of Albert Pritchard, deceased</u>																			
<input type="checkbox"/> Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity: <u>D/B/A / Agency</u>																			
Business <u> </u>																			
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated																			
<input type="checkbox"/> Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the above, and enter below: <u>D/B/A:</u>																			
DEFENDANT - NAME OF DEFENDANT (FIRST NAME IN SHORT STYLE) - ENTER ADDITIONAL DEFENDANTS ON SEPARATE FORM																			
Individual <u> </u> Last Name <u> </u> First Name <u> </u> Maiden Name, if Applicable <u> </u> Middle Init. <u> </u> Jr/Sr/III/IV <u> </u>																			
<input type="checkbox"/> Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: <u> </u>																			
<input type="checkbox"/> Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity: <u>D/B/A / Agency</u>																			
Business <u>GGNSC Batesville, LLC d/b/a Golden Living Batesville</u>																			
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated																			
<input type="checkbox"/> Check (✓) if Business Defendant is being sued in the name of an entity other than the above, and enter below: <u>D/B/A:</u>																			
ATTORNEY FOR THIS DEFENDANT: <u> </u> Bar No. <u> </u> or Name: <u> </u> Pro Hac Vice (✓) <input type="checkbox"/>																			
(If known)																			
In left hand column, check one (1) box that best describes the nature of this suit. In right hand column check all boxes which indicate secondary claims.																			
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> Business/Commercial <input type="checkbox"/> Accounting (Business) <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Business Dissolution - Corporation <input type="checkbox"/> Business Dissolution - Partnership <input type="checkbox"/> Debt Collection <input type="checkbox"/> Employment <input type="checkbox"/> Examination of Debtor <input type="checkbox"/> Execution <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Pension <input type="checkbox"/> Receivership <input type="checkbox"/> Replevin <input type="checkbox"/> Stockholder Suit <input type="checkbox"/> Other <u> </u> </td> <td style="width: 33%; vertical-align: top;"> Probate <input type="checkbox"/> Accounting (Probate) <input type="checkbox"/> Birth Certificate Correction <input type="checkbox"/> Commitment <input type="checkbox"/> Conservatorship <input type="checkbox"/> Guardianship <input type="checkbox"/> Heirship <input type="checkbox"/> Intestate Estate <input type="checkbox"/> Minor's Settlement <input type="checkbox"/> Muniment of Title <input type="checkbox"/> Name Change <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Testate Estate <input type="checkbox"/> Will Contest <input type="checkbox"/> Other <u> </u> </td> <td style="width: 33%; vertical-align: top;"> Children and Minors - 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IN THE CIRCUIT COURT OF PANOLA COUNTY, MISSISSIPPI
JUDICIAL DISTRICT, CITY OF

Docket No. _____ - _____ Docket No. If Filed
File Yr Chronological No. Clerk's Local ID Prior to 1/1/94

DEFENDANTS IN REFERENCED CAUSE - Page 1 of ____ Defendants Pages
IN ADDITION TO DEFENDANT SHOWN ON CIVIL CASE FILING FORM COVER SHEET

Defendant #2:

Individual: _____ (_____) _____
Last Name First Name Maiden Name, if Applicable Middle Init. Jr/Sr/III/IV

___ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

___ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A _____

Business Golden Gate National Senior Care, LLC

Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

___ Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ *Pro Hac Vice* (✓) ___ Not an Attorney(✓) ___

Defendant #3:

Individual: _____ (_____) _____
Last Name First Name Maiden Name, if Applicable Middle Init. Jr/Sr/III/IV

___ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

___ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A _____

Business GGNSC Equity Holdings, LLC

Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

___ Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ *Pro Hac Vice* (✓) ___ Not an Attorney(✓) ___

Defendant #4:

Individual: _____ (_____) _____
Last Name First Name Maiden Name, if Applicable Middle Init. Jr/Sr/III/IV

___ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

___ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A _____

Business GGNSC Clinical Services, LLC

Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

___ Check (✓) if Business Defendant is being sued in the name of an entity other than the above, and enter below:

D/B/A _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ *Pro Hac Vice* (✓) ___ Not an Attorney(✓) ___

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D/B/A _____

Business GPH Batesville, LLC

Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

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D/B/A _____

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Estate of _____

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D/B/A _____

Business GGNSC Holdings, LLC

Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

___ Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ *Pro Hac Vice* (✓) ___ Not an Attorney(✓) ___

Defendant #4:

Individual: _____
Last Name First Name (Maiden Name, if Applicable) Middle Init. Jr/Sr/III/IV

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Estate of _____

___ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A _____

Business GGNSC Administrative Services, LLC

Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

___ Check (✓) if Business Defendant is being sued in the name of an entity other than the above, and enter below:

D/B/A _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ *Pro Hac Vice* (✓) ___ Not an Attorney(✓) ___

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Business Geary Property Holdings, LLC

Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

____ Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ Pro Hac Vice (✓) ____ Not an Attorney(✓) ____

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D/B/A _____

Business Beverly Enterprises, Inc.

Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

____ Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ Pro Hac Vice (✓) ____ Not an Attorney(✓) ____

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Estate of _____

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D/B/A _____

Business Pearl Senior Care, LLC

Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

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D/B/A _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ Pro Hac Vice (✓) ____ Not an Attorney(✓) ____

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D/B/A _____

Business Drumm Corp., LLC

Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

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ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ Pro Hac Vice (✓) ____ Not an Attorney(✓) ____